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REVIEW OF DR. GROSS'S PATHOLOGICAL ANATOMY.*

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THE anxiety of the Western profession, after a patient waiting of three years, has at length been gratified by the appearance of Dr. Gross's comprehensive work on morbid anatomy. We trust that we shall not be accused of entertaining any unjust sectional prejudice, when we express a heartfelt gratification that the West has yielded, for the American profession, the best product of the whole country; the first and only extended and systematic treatise on an indispensable department of our science; and without dismissing, for a moment, that feeling of friendship which we have always cherished for our brethren of the East, we feel disposed, in the spirit of honest and honorable rivalry, to challenge them to produce a superior work.

The publication of Prof. Gross's work will constitute, we doubt not, a new era in the medical history of the West, and (may we not add?) an important period in the history of American medicine. Every enlightened nation has its medical as well as its light literature, and with the advancement of our science particularly the name of some distinguished personage is indissolubly connected. Who, in writing the medical history of Europe, would forget the name of Bichat? Who, in writing the medical history of America, could omit the name of Rush? And can the future historian, who may record the progress of knowledge in our backwoods, forget to mention the author of the *Elements of Pathological Anatomy*? We are no flatterer, but we wish to obey the high command, "Render unto Cæsar the things which are Cæsar's;" and if we render to our author merit superior to any other American writer on morbid anatomy, it is simply because he deserves it. And here, for our information, as well as for the purpose of rendering justice to Dr. Gross, let us, in a few words, trace the history of pathological anatomy in our country. When we view it as a branch of medical education, we are compelled to acknowledge that comparatively little attention has been given it. Our medical schools have not, in our opinion, paid that attention to the subject which its high importance demands, nor have physicians bestowed upon it one fourth the reflection which they so cheerfully give to the views of some writers on the "Theory and Practice of Medicine." We object

* *Elements of Pathological Anatomy*, illustrated by numerous engravings. By Samuel D. Gross, M.D., late Professor of General Anatomy, Physiology and Pathological Anatomy, in the Medical Department of the Cincinnati College. 3 vols., pp. 1028. Boston: Marsh, Capen, Lyon & Webb. 1839.

to the almost undivided attention paid to the latter branch by students of medicine; and for one would plead the propriety of entire reform in every medical school in the country in reference to this chair. We would have the professorship, as it now exists, taken from the list, and the principles of pathology, with the outlines of morbid anatomy, taught in its stead. But this is an episode. Let us inquire what attention has been given to pathological anatomy in the United States. 1st, as an elementary branch of medical education; and, 2d, as a subject of investigation by authors and physicians generally.

The history of our medical schools presents rather a sad picture in relation to this study; and the consummate ignorance of a majority of students in regard to this branch tells too plainly what attention it receives in private tutorship. In examining the history of the oldest school in the Union, from its origin in 1768 to the present day, we have looked in vain to find a professorship of this department. Nor are we acquainted with a single school in the United States which at this time has a chair exclusively devoted to morbid anatomy. We are aware that in a number of the schools the "Institutes of Medicine" are taught; but as these will embrace almost anything connected with the science, and as the professor of the Institutes generally devotes the greatest portion of the session to *physiology, speculative pathology and general therapeutics*, we cannot believe with a great many that he may be virtually regarded the professor of morbid anatomy. Is there any school east of the mountains in which pathological anatomy has ever been taught two months of a session? Let us be more definite in our query. Does any professor, east of the mountains, devote half a session to the demonstration of morbid structures? We leave the question to be answered by those who are better acquainted with eastern schools than the writer. We can answer for the West very readily. This branch of medicine was never taught in the Mississippi Valley until the opening of the medical department of the Cincinnati College in the fall of 1835, and the teacher was no other than the learned author before us. At that period, and until the suspension of this school, pathological anatomy was taught in no other western institution—no, not even in Transylvania, the oldest medical school west of the mountains; and if we mistake not, the only western school which has now this professorship is the Louisville Medical Institute.

According to the statistics of Prof. Beck, there are at this time twenty-five medical schools in the United States. Now let it be inquired in how many out of this number is the science of pathological anatomy regularly and systematically taught? Pathology, in all its phases, is doubtless taught in all; but between this and the branch we are considering, there is a wide difference. The one opens a field for "fancy's wanderings"—the other limits the mind to fact; the one affords privileges for the invention and propagation of subtle hypotheses—the other restricts its votaries to honest and faithful observation. We have to regret, then, that as a branch of elementary medical education, morbid anatomy has been unpardonably neglected in our country; at the same time we feel rejoiced that the West is setting the East an example, and we hope that the time

is not far distant when each and every school in the Union will not be without so important a professorship.

When we direct our attention to the second part of our inquiry, and ask how has this science been cultivated "by authors and physicians generally" in our country, we are at once willing to yield all claims to superiority to our brethren in the East. Boston and Philadelphia have pathologists and pathological anatomists who would do honor to the faculty of Paris, and the recent organization of pathological societies in those cities foretells a new era in our medical literature. The published writings of Jackson, Gerhard, Morton and Horner, are all highly creditable; but we believe, when they are all put together, they will not outweigh in quantity, or excel in quality, the work which we now propose reviewing.

This work is divided into two parts. The first embraces the "General Principles of Pathological Anatomy;" the second, "Special Pathological Anatomy." In the first part the most important lesions to which the body is subject are discussed; in the second, the lesions of the tissues and of the several organs are described upon the basis of the "General Principles." The author treats of the following subjects in his first part, viz.: *Inflammation, effusion of serum, lymphization, suppuration, hemorrhage, softening, gangrene, ulceration, granulation, cicatrization, induration, hypertrophy, atrophy, transformations, hydatids, serous cysts, and the heterologous formations, embracing tubercle, melanosis, scirrhus and encephaloid.*

We propose analyzing the first and last chapters, and briefly noticing those that intervene.

In his preface the author has the following language in reference to his sentiments respecting inflammation:

"Some apology may be thought necessary for the manner in which the author has expressed himself in relation to the subject of inflammation. Disclaiming to be the follower of any man, or school, in medicine, the sentiments he has avowed are the results of his conscientious conviction, grounded upon personal observation and reflection; and, as such, he does not hesitate to submit them to the scientific scrutiny of his professional brethren. Those who have been in the habit of contemplating disease, as revealed by the phenomena of the living system, and by the knife after dissolution, will agree with him, at least, that, if disease be not, like life itself, a unit, it has few elements, and that these elements are so modified by internal and extrinsic causes, or, in other and more appropriate terms, by texture, age, sex, constitution, climate, season, and other circumstances, as to produce those multiform features which are a source of so much difficulty and perplexity to the nosological physician."

These remarks have reference to the doctrines which the author lays down in his first chapter. They may be summed up in the following propositions.

1. Disease is a departure from a sound state, consisting either in functional or organic derangement.
2. The proximate cause of morbid action is an utter mystery.
3. It is highly probable that all diseases, strictly speaking, are organic

—in other words, the physiological state of a part cannot well be altered without a change in its anatomical elements.

4. The last proposition being admitted, we may assume as a great pathological truth, liable to few exceptions, that all organic diseases, whatever be their seat or extent, are the result of inflammatory action, either of an acute or of a chronic kind.

5. Every inflammation, irritation, or morbid action, is originally of a local nature.

6. The more liberally an organ is furnished with vessels and nerves, the more easily will it be disorganized.

7. Chronic inflammation, though usually arising from the untoward progress of acute, may occur as a primitive lesion.

8. All parts of the body, not excepting the nails, epidermis and hair, are liable to inflammation.

9. There is no ground, in true pathology, for the two descriptions of *specific* inflammation spoken of by authors, the one resulting from a peculiar condition of the constitution, the other from a special virus. All morbid action is, properly speaking, *specific*.

10. The symptoms usually enumerated as marking inflammation, are, *redness, heat, pain, and swelling*. These signs are not constantly present, and they are liable to vary according to the nature of the exciting cause, and the character of the part affected. There is likewise in inflammation a perversion of the vital actions, attended with an altered state of the nutritive, secretory and absorbing functions.

"To affix to these several conditions their respective value, it will be necessary to allot to each of them a considerable share of attention. Most writers, it seems to me, have attached too much importance to some of them, and too little to others; whilst they have entirely overlooked the fact that they are always greatly modified by the nature of the tissue in which the malady, of which they are the indices, is located. If we regard the four phenomena, redness, heat, pain, and swelling, referred to above, as being essential to the process, it will be at once perceived that there can be but few inflammations; and we shall therefore be obliged, in describing diseases, to invoke other names, such as irritation and fever; a blind adherence to which has unfortunately tended too much to retard the progress of pathological science. Boerhaave enumerated one hundred and fifty varieties of fever: had he enumerated a thousand more he would have been much nearer to the truth, for he might then have specified nearly every form of inflammation, whether occurring in the external parts of the body, or in the interior organs. The word "fever" is a conventional one, and is employed to designate not the nature or seat of a disease, but simply the phenomena which it manifests. So also with the term irritation. Mr. Travers and others have written extensive treatises on this subject; but have they pointed out anything concerning the essential character of this disease? have they told us anything of the peculiar condition of the nervous and vascular systems which accompanies it? So far as I am acquainted with their labors they have not done this; and yet men continue to talk about irritation, with its numerous varieties, as if they had the most perfect knowledge of its nature, seat, causes and symp-

toms. A course such as this cannot but have a most dangerous tendency in practice; for what one physician describes as a fever, another will consider simply as an irritation, a third as an inflammation, and in this way no principles can ever be introduced as standards of treatment. The practice of medicine must continue to ebb and to flow with every tide of professional opinion.

"The time, however, cannot be far off, when the term fever must be entirely discarded from our books, and diseases named according to the tissues which they implicate. Then, and not till then, can it be expected that the laws of deranged action will be properly interpreted, or fully comprehended. All diseases, I feel confident, will ultimately be found to have a local origin and habitation; and if this should ever be proved to be true, the whole class of febrile maladies, with its hundred varieties and subdivisions, will cease to have a place in our medical treatises."

11. The *redness* of an inflamed part presents various shades, from the slightest rose to the deepest purple.

12. There is really a preternatural development of *heat* in certain cases of inflammation.

13. Pain varies in degree and character according to the nature of the affected part. As a general rule, it may be stated that it is most keenly felt in those structures which are most liberally endowed with vessels and nerves. The proximate cause of pain is to be attributed to an unnatural influx of blood, the increased size of the capillaries, the quantity of effused fluid, and a deranged state of the nervous filaments.

14. Swelling is occasioned partly by the enlargement of the vessels, but chiefly by the effusion of serosity, lymph, blood, or pus, into the cellular tissue; and it varies in its degree according to the laxity and vascularity of the part.

"From the hasty survey which has been taken of these symptoms, we are authorized to conclude that they are by no means entitled to the stress which has been generally placed upon them by writers. In many instances there is an entire absence of at least one or two of them, and yet the part is absolutely in a state of higher inflammation. How often does it not happen, that enteritis is high up, and goes on to destructive disorganization, without even the slightest indication of its presence? In arachnitis, the only symptom, frequently, is merely a severe cephalalgia, with delirium and partial paralysis. The patient dies, and, on examination, the membrane is found to retain its natural thinness, and to be as free from injection as in the sound state. In such a case, should there be but little effusion of serum and fibrin, a superficial observer might conclude that there never had been any inflammation, or that what he saw was the result solely of irritation. The injurious tendency which such a mode of procedure would exert on the practice of medicine is too obvious to require any comment in this place. In reasoning on this subject, the physician should constantly bear in mind the important fact, that the symptoms which have been enumerated above, although they are frequently all present, are not necessarily so, and that the absence of some of them is not a sufficient proof that there does not exist inflammation. By such course alone can he expect to escape error."

15. The seat of inflammation is in the capillary vessels and nervous filaments. "The capillaries are those minute tubes which are everywhere interposed between the arteries and the veins." * * * * *

"These vessels have the same number of tunics as the arteries and veins, and they are nourished and animated like the rest of the vascular system by vessels still more minute, and by nerves so excessively delicate as to elude even the most powerful microscope." * * * * *

"The joint agency of the nervous and vascular systems, in the production of inflammation, has been happily illustrated by the researches of Magendie, Brodie and Philip. The first of these distinguished physiologists ascertained that, when the ophthalmic branch of the fifth pair of nerves is divided in the cranial cavity of a rabbit at the Varolian bridge, inflammation is speedily lighted up in the surface of the eye, which eventuates in opacity of the upper segment of the cornea. What is still more remarkable is, that, when the nerve is cut on the petrous portion of the temporal bone, so as to involve the destruction of the ganglion of Gasser, the resulting irritation is not only more violent in degree, but much more deeply seated, as well as more deplorable in its effects, the consequence being nothing less than a complete disorganization of the organ."

16. Inflammation is a gradual process, which is preceded and accompanied by certain stages. This proposition the author sustains by the following remarks :

"The very first step in the process of inflammation is an altered sensibility of the part, produced by some hurtful agent, which the system makes an effort to dislodge. To effect this, the local impression is reflected upon the cerebro-spinal axis, and through this again upon the heart, which, being sympathetically incited to increased action, more blood flows to the part concerned than it is accustomed to receive, at the same time that the capillaries are perceptibly dilated. Those who maintain that the capillaries possess an inherent contractility, by virtue of which they aid in the circulation, will probably feel disposed to deny the agency of the heart in bringing about this preternatural determination of blood ; to such I will only say, that if they will carefully study the subject, they will arrive at a different conclusion. That these vessels do contract and dilate, no one will dispute ; for the experiments of Hunter, Wilson Philip, Thompson, Hastings, and other writers, have fully decided this point ; all that I contend for is, that the capillaries have no vermicular movement, and therefore they are incapable of carrying on the circulation without the direct influence of the heart. In the inceptive stage of inflammation, this sympathetic action of the heart is no doubt so slight as frequently to escape the attention of the observer ; as the disease progresses, it assumes a more distinct character, and can always be easily recognized.

"The phenomena above alluded to, namely, the preternatural influx of blood, and the dilatation of the capillaries, can be easily detected by exciting irritation in the mesentery of a rabbit, the tail of a tadpole, the fin of a fish, or the web of a frog's foot—parts which are perfectly transparent, and therefore well calculated for the purpose. On viewing these

structures with a microscope, in the sound state, numerous channels will be observed filled with blood, the red globules of which roll along in the most regular and beautiful order. If they be now irritated with spirits of wine, hot water, or diluted acid, the little rivulets just referred to will be found to become dilated, from the manner in which the blood is crowded into them by the heart, which, in order to remove the local difficulty, is excited into sympathetic action. In a few minutes hundreds of vessels, which were previously invisible, will be seen shooting out in different directions, and connecting themselves with the sides of those that appeared in the first instance. These are not new channels, but old ones appertaining to the second class of capillaries, which are rendered evident by the intromission of red particles, which are either excluded in the healthy state, or pass along them in so slow and gradual a manner as to elude the eye of the beholder. The little bodies which are thus introduced do not circulate, at first, with the same facility as in the other parts of the body; for, as the dilatation of the little rivulets takes place by degrees, they have to force their way, and hence, after having advanced a short distance, they retreat slightly immediately after each pulsation of the heart, rebounding, as it were, upon each other. In this manner they travel on, surmounting every obstacle, until they finally reach the corresponding capillary veins, into which, as they are considerably more capacious, they rush, as into a vortex. Such are the initial steps of inflammation. If the process be now checked by the removal of the exciting cause, the phenomena referred to gradually disappear, and the part recovers its natural tone and condition.

"If, on the other hand, the inflammation be allowed to proceed, another series of changes may be witnessed, surpassing, if possible, in point of interest, those we have just described. The circulation now completely ceases; the blood assumes a dark modena color, and the coats of the vessels are rendered so soft as to be liable to give way on the slightest force. With these alterations the healthy functions of the part are suspended: it is red, hot, painful and tumid: and its molecular intervals are filled with serosity or coagulating lymph. In this stage of the malady, the capillaries contain thick, viscid, partially-clotted blood, which adheres with great tenacity to their inner surface, and opposes an effectual barrier to artificial injection, or to the removal of the fluid by pressure or ablation. In violent cases the blood escapes from the diseased vessels, and, forcing its way along the cellular tissue, forms new channels, through which it afterwards continues to circulate."

17. Congestion and discoloration before death may take place from obstructions, such as tumors, the obliteration of a vessel; from organic disease of the heart, and from asphyxia.

18. Congestion and discoloration after death may take place from the gravitation of the blood, the transudation of this fluid or of some of its component elements, and exposure to the air.

19. In the early stage of inflammation the vessels seem to have an augmented action; subsequently, however, when the disease is fully established, the capillaries are partially paralyzed, the blood ceases to circu-

late; the function of nutrition, of secretion and absorption is interrupted, and everything indicates the diminished power of the part.

20. Acute inflammation has the following terminations: 1, resolution; 2, effusion of serum; 3, deposition of lymph; 4, suppuration; 5, hemorrhage; 6, softening; 7, gangrene.

21. Chronic inflammation generally terminates in—1, ulceration; 2, granulation; 3, cicatrization; and 4, induration.

"Philosophically speaking, some of these states are merely *conditions*, not terminations of inflammation, and they all constitute merely so many degrees of inflammation."^{*}

[To be continued.]

EXPERIMENTS ON THE DIVISION OF THE ORBITAL MUSCLES.

[THE following experiments were made by E. W. Duffin, Esq., Surgeon, London, in order to aid in deciding on the best mode of remedying certain unfavorable symptoms that occur after the performance of Dieffenbach's operation for the cure of strabismus. They are reported in the *Lancet*, with many valuable remarks which we have not room to copy. It will be recollected that in animals there are certain additional muscles and appendages to the eye, which modify in some measure the movements of those which they possess in common with man. Yet most of the facts elicited by these experiments are of sufficient practical utility to the operator for the cure of strabismus, to merit careful consideration.]

The first experiments that I shall relate were instituted with a view to ascertain the results of dividing the several recti muscles. And it may be presumed that they afford a tolerable criterion of the results we might expect to occur, were the corresponding tendons divided in the human species; provided the muscles were in a healthy condition, and the eye not in any way affected with strabismus.

Exp. I. *Division of the Internal Rectus.*—The tendon of the adductor of the left eye, of a middle-sized, half-bred spaniel dog, was carefully separated from its attachment to the sclerotic. The pupil was instantly directed permanently towards the outer angle of the orbit, and to such an extent that, next day, fully one-third of the cornea was concealed from view. The animal appeared to be wholly incapable of disengaging the pupil from this situation; nor did he acquire the power of doing so in the slightest degree afterwards.

Exp. II. *Division of the External Rectus of the same Eye.*—In the course of a week from the performance of the above operation, the *external* rectus of the same eye was divided, but without producing any sensible alteration in the position of the eyeball; the pupil still continued to be everted, and partially concealed in the temporal angle of the orbit.

From these facts we may conclude, either that the muscle had not had time to form a reunion with the sclerotic coat, or that the eyeball having been so long unremittently turned outwards, the reunion was established

^{*} Strictly speaking, we think there are but three terminations of inflammation, viz.: 1, resolution. 2, adhesion—1., by first intention; 2., by cicatrization. 3, mortification.

too far posterior to the original insertion to enable the muscle to invert the pupil again.

EXP. III. *Division of the External Rectus Muscle alone.*—The abductor of the left eye of another dog, similar in size to the last, being carefully divided, the pupil was permanently turned inwards towards the nasal canthus of the orbit, *but not quite in so great a degree, as in the first experiment it was turned outwards.* Nor did the animal, in this instance, apparently possess any power to dislodge it from its unnatural situation. This we ascertained, in both experiments, by holding its head in a particular position, and then calling the attention of the animal to the opposite direction. On such occasions the intact eye alone obeyed the summons of the will; the other did not move in unison with it.

EXP. IV. *Division of the Inferior Rectus.*—In this instance the tendon of the inferior rectus was separated with great care; the animal lost completely all power of directing the pupil downwards when that of the other eye was depressed; but it was not drawn upwards, as was expected, by the action of the superior rectus. Three days afterwards, however, it was found to be displaced in this direction, the upper third of the cornea being concealed under the superior palpebra, which situation it continued to occupy.

EXP. V. *Division of the Superior Rectus.*—The superior rectus of the left eye of a middle-sized dog was separated from its insertion; the position of the pupil was not altered, although it appeared that the animal could not direct the eye upwards.

EXP. VI. *Division of the Inferior, Internal, and Superior Recti.*—This experiment, as will be immediately shown, was performed for a special purpose. The inferior rectus was first detached, then the adductor, and finally the superior muscle. The pupil at first preserved its natural central position, but in the course of two days afterwards was found to be directed outwards, and very slightly upwards.

My object in performing this experiment was to ascertain whether, when the internal rectus has been divided to remedy strabismus, and the pupil is drawn upwards under the superior palpebra, in consequence of the deformity having arisen from *paralysis* of the *inferior* rectus, any benefit would be derived from dividing the superior muscle. From the result of the experiment, and the experience of two cases of this description which I have met with, it appears to me that the operation would be useful *after the adductor tendon has become reunited to the eyeball.*

EXP. VII. *Division of all the Straight Muscles.*—In this experiment all the straight muscles were detached; the pupil remained fixed in the visual axis of the orbit. When irritated, the eyeball was retracted, and the membrana nictitans was suddenly spread over the forepart of the eye at the same moment, so that it was quite impossible to decide what influence the oblique muscles exerted, or whether they produced any special movement at all. It was clear, however, that they neither drew the eye towards the outer nor the inner angle of the orbit. Hence I am disposed to imagine, as already stated, that when both of these muscles contract together, they tend to steady the eyeball in the visual axis of the orbit, and contribute to modify the focus of the eye by compressing the

sphere. They are, in such case, opponents, though in a slight degree, of the external rectus.

EXP. VIII. *Division of the Superior Oblique and Internal Rectus Muscles.*—The greatest difficulty was experienced in performing this operation satisfactorily, in consequence of the retraction of the eyeball, and the protrusion of the membrana nictitans. A sharp-pointed bistoury was introduced at a right angle to the tendon, and about midway between the trochlea affixed to the frontal bone, and the insertion of the muscle into the sclerotis. The instrument was pushed sufficiently deep into the orbit, to secure the cutting of the tendon on its being withdrawn with the point in contact with the roof of the orbit. There could, therefore, be no doubt that the tendon was divided. No apparent change occurred in the position of the pupil; nor could we perceive that the movements of the eyeball were in any way modified, or destroyed, by the operation.

The insertion of the internal rectus of the same eye was next separated from the sclerotis, and instantly the eyeball protruded *considerably*, and the pupil, dilated in a most extraordinary manner, was drawn diagonally outwards and upwards, as if by the equal co-operation of the outer fibres of the superior rectus, and the upper fibres of the external, or abducens, muscle. The eyeball afterwards retained this position, and when the muscles were sympathetically irritated to involuntary contraction, by gently touching the cornea, was always retracted by the action of the retrahens. On such occasions, the upper and outer portion of the sphere appeared to be the part most retracted; the lower and inner portion being, at the same moment, made to advance obliquely, and project in a remarkable manner.

EXP. IX. *Division of the Internal Rectus and Superior Oblique Muscles.*—In the ninth experiment, the foregoing operations were reversed on another dog: the section of the internal rectus was first performed, then that of the superior oblique muscle. The results were similar to those just related. The eyeball was directed outwards and upwards; its anterior inferior surface was brought into view, and considerable protrusion took place, accompanied with remarkable dilatation of the pupil. When the internal rectus alone was divided in this experiment, as in No. 1, the pupil was turned directly outwards; but, when the superior oblique was cut across, its direction was found to be outwards and upwards. This diagonal direction of the pupil, then, in the two last experiments, although such as might be presumed would be produced by the equal co-operation of the external and superior recti muscles, I am inclined to attribute, in a great measure, to the uncounteracted action of the inferior oblique, since it was exactly what might have been anticipated from the direction of the fibres of this muscle, and did not become *diagonal* until the section of the superior oblique had been performed. Be this as it may, the other result, viz., great projection of the lower portion of the eyeball, so that the anterior part of its under surface was brought into view on slightly depressing the lower eyelid, could be attributed to no other cause than the contraction of this muscle when unopposed by the trochlear.

EXPS. X. and XI. *Division of the Inferior Oblique and Internal Rectus Muscle.*—These experiments were conducted in a similar manner

to the two last related, and the section of the former muscle, the inferior oblique, was accomplished on the same principle as had been that of the superior oblique; the bistoury being withdrawn with its point in contact with the floor of the orbit. The results which succeeded were very similar to those we had already witnessed. The eyeball protruded as soon as the adductor was cut across, but not before; neither did it project in so great a degree as in the former experiments. The pupil was directed outwards, but not upwards; and in this situation it remained immovably fixed.

Most of the foregoing experiments I have repeated several times, and uniformly with the same results; the degree in which they manifest themselves, however, being various in different animals.

THE LATE T. H. THOMPSON, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Not having seen any particular notice concerning the late Dr. T. H. Thompson, I have thought proper to send you a few words respecting him, for your Journal.

Dr. Thompson was the son of Dr. A. R. Thompson, of Charlestown. He was educated at Harvard University, where he also took his medical degree in 1826 or 7. He was then settled in practice in Bucksport, Me., where he remained only a short time. He was there very highly respected for his many excellent qualities, both moral and intellectual, was in high repute as a skilful physician, and his friends parted from him with great regret. Dr. Thompson then commenced the practice of his profession in this city, where he remained about eight years. His practice here was never much extended; and about two years ago he removed to Apalachicola, where he died in the course of the last summer.

The memory of Dr. Thompson is cherished by those who best knew him. Of strong and cultivated mind, well stored with useful knowledge, of excellent judgment, and with an extraordinary power of discriminating the true from the false in the character of others, with an imagination remarkable for wit and playfulness, his society was much sought for and valued by his friends. He was modest and unassuming, it may have been even to a fault; and it was this trait in his character which circumscribed his circle of practice, and not any deficiency of those qualities of head or heart, or of the necessary medical attainments, which are indispensable in a good physician. Those whom he attended professionally in this city were strongly attached to him by his goodness of heart, as well as by his valuable services to them. He was honest in the truest and strongest sense of that word. For this trait he was peculiarly distinguished; neither by word or action would he ever deceive in the slightest degree.

At Apalachicola his character appears to have been well appreciated, and in various forms there have come to us the strongest testimonials of the very high esteem in which he was held in that place. His death is lamented as a loss to the city. And here there will be long cherished the

recollection of his kindness of disposition, and of his many agreeable and valuable qualities.

We add a copy of the resolutions of the Mayor and Council of the city of Apalachicola:—

At a meeting of the Mayor and Council of this city, held on Thursday last, the following preamble and resolutions were unanimously passed, on motion of Lewis Leland, Esq.

Whereas, intelligence having been received of the unexpected death of our esteemed fellow citizen, Dr. T. H. Thompson, city physician, the Mayor and Council of the city of Apalachicola deem it a tribute due to the memory of the deceased, to display an external mark of respect.

Be it therefore *Resolved*, by the Mayor and Council of the city of Apalachicola, now convened, that the members of the government wear a badge of black crape on the right arm for the space of thirty days.

Be it also *Resolved*, that his Honor, the Mayor, be requested to convey our condolences to the family of the late Dr. Thompson, and also a copy of these proceedings. (Signed,) CHARLES RODGERS, Mayor.

Apalachicola, Aug. 8th, 1840.

C. R. BOYLE, Clerk pro tem.

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WORKS OF PORTAL.*

WE know of no man so determined to benefit the cause of surgery by a diffusion of a knowledge of his own operations, and the manner in which his ~~views~~ ^{views} are modified by success or failure, as Dr. Placido Portal. These four documents, the two latter of which are in his own hand writing, and therefore doubly valuable, are important in that they detail the primary symptoms causing the operation, the mode of operating, and the result.

In the first case a circumscribed abscess had formed in the liver, limited by adhesions, which was opened by an incision about two inches below, and to the right of, the ensiform cartilage. Through the opening an immense quantity of pus containing many acephalous hydatids of different sizes, and a false membrane about two palms in length, apparently the lining membrane of the abscess, were discharged. "The quantity of pus discharged in the course of 20 minutes was estimated at 40 pounds, and the number of hydatids about 100." The result was successful. A second and third cases are also recorded, but present no particular interest differing from the first.

The second work presents nothing different from the general directions given in such cases. In the case of ligature of the external iliac, the wound took on a gangrenous appearance the third day from the operation, and the man died.

* 1. Intorno un ascesso al Fegato guarito colla Incisione.

2. Storia di due casi d' allacciatura d'arterie, una alla femorale, l'altra all'iliaca esterna.

3. Dell' ottalmia né militari Napolitani negli anni 1834 al 1836.

4. Memoire sull'ernie.

In the case of the ophthalmics great stress is laid upon cleanliness, not only of the person, but also of the bed-clothes, habits, &c.; a careful separation of the affected from those who are free; repeated lotions of the eyes with warm water, containing a few drops of vinegar; upon the first indication of amelioration to remove the patients into separate rooms; the floors of the rooms to be frequently washed with vinegar and water, or salt water; and other measures of hygiene. More stress is laid upon these, than upon any therapeutical indications as such.

The last work, upon hernia, contains very minute anatomical descriptions, followed by cases of great practical importance, embracing the following. Incarcerated hernia of the right side, strangulated by the ring and by the neck of the hernial sac; two cases of inguinal hernia of the right side, strangulated by the ring; inguinal hernia of the left side, strangulated; inguinal hernia of the right side, strangulated by an involving coil (of intestine); inguinal hernia of the right side, strangulated by the ring, with gangrene of the intestine, cured by the operation.

Counsellors' Meeting.—On Wednesday last, as by law required, the Counsellors of the Massachusetts Med. Society met at the Athenæum, in this city, for the despatch of ordinary business. About thirty members were present. Nothing of particular interest to the profession at large occurred. On order of notice, however, was served on the Society, by order of the Legislature, in relation to the petition of Dr. Huntington and others for the incorporation of a medical institution at Lowell, which the petitioners pray may have authority for conferring medical degrees. The new college will undoubtedly obtain a charter—if not of the present Legislature, of a subsequent one. It is of no use to offer opposition to any scheme which proposes to benefit mankind.

Milk Sickness.—Notwithstanding the extreme terror at one time manifested on account of the alarming mortality of the milk sickness, so called, at the West, the excitement has subsided, and the public, as ignorant, we believe, as they ever were of the cause of the disease. That it was a malady of a peculiar character, and wholly unlike anything ordinarily brought under the cognizance of the practitioners of the Valley of the Mississippi, admits of no question. It is to be regretted that there should be lukewarmness in conducting an investigation into its origin. Although the localities where its violence created the most alarm are now said to be free from it, with the return of spring the milk plague may be developed again, and a renewal of past scenes of anxiety and death be repeated. The botanists should not leave a spear of vegetation unanalyzed, nor a leaf unexamined, till the origin of the distemper is ascertained.

Extraction of a Needle from the Œsophagus.—The following interesting account is taken from the Philadelphia Gazette, and is presumed to be substantially true. The ingenuity of the surgeon is above all praise. —A son of Mr. Hugh Carlin, aged 12 years, near Hannahstown, Butler county, Penn., while eating, a few weeks since, swallowed a large sewing needle, which lodged in the œsophagus or throat, within a few inches of the upper orifice of the stomach. The Freeport Columbian states that

Dr. Caldwell being called upon, a consultation was proposed, and Dr. C. G. Snowden, of Freeport, was sent for. A thread being attached to the needle of about five inches in length, was thrown into the mouth in the act of vomiting; this was seized upon and another thread tied to it, when Dr. Snowden suggested that if an instrument was carried down to the head of the needle and the head thus pushed from its insertion, it could be thrown into the stomach, in which it would have room to turn a somersets and then be withdrawn whole.

A male gum elastic catheter, cut at the extremity, was placed over the thread, and the operation was performed by Dr. Snowden in the manner suggested, and in a few seconds the needle was extracted, to the great joy and astonishment of the distressed parents, and the rest that were present. The boy has recovered.

Edinburgh Phrenological Journal.—Mr. Combe has kindly forwarded to our address the first No. of a new series of this periodical, for January 1841—filled with articles of peculiar interest to the phrenologist, the physician, the metaphysician, and the general philosopher. There are several things in it worth re-printing here, and we shall endeavor to take them on some future occasion.

New York University Medical School.—Here is a case for the consideration of those high medical functionaries who have spoken of the evil of multiplying schools of physic and surgery. A board of faculty has been created at the University of New York, and things look like going on with rail-road speed. Dr. Mott is one of the faculty. Then comes Dr. Patterson, known the world over as having been professor everywhere. Dr. Revere, of Philadelphia; Dr. Paine, author of the *Physiological Commentaries*; Dr. Bedford, &c., are likewise already announced. This will weaken the powers of the Crosby-street people. Things are assuming a multiplying aspect in Massachusetts as well as in New York city. This little State has only two medical schools at present, with about as many students as could be stowed away in the pew of a country church, but there is a good prospect of another being in readiness the coming year.

Medical College of Albany.—A petition for aid is before the Legislature of New York. The committee has reported in favor of doing something—handsomely, we hope, for it is an enterprising institution. There are now 123 students—and yet it is only the third lecture term since the organization of the school.

Foreign Bodies in the Larynx or Trachea.—A writer in the London *Lancet* recommends the following method of treatment in cases of choking:—"Let the patient be properly placed in the prone position; let the abdomen be compressed; then let one hand be placed upon the back, and forcible pressure, or a forcible blow, be made with the other upon the thorax. Let this be done immediately after inspiration, after a full inspiration, if the patient can be induced to make one, and be repeated for a certain number of times. Let the position of the patient be changed, and let the blow be again repeated."

"If this mode of proceeding should be unsuccessful, I would give an emetic. Vomiting, though attended by closure of the larynx, is followed by an unusually open state of that organ, and by an unusually free and full expiration. During this effort the foreign body might happily be expelled. After this the percussion may be repeated. Should these plans fail, I believe tracheotomy is our only measure.

"I must be allowed, before I conclude this brief note, to caution the reader against confiding in the *paroxysmal* form of the affection for his diagnosis of a foreign body in the trachea. I have just attended a boy of 14, with acute tracheitis, without the suspicion of a foreign body, which yielded to ample bloodletting, and mercury and antimony in ample doses, in which the disease presented the most decided remissions and the most frightful paroxysms."

Treatment of the Insane in the Hanwell Asylum.—Dr. Conolly, the resident physician at Hanwell, states, that "during the past year not one instance has occurred, in which the resident physician has thought it advisable to resort to any of the forms of *bodily coercion* formerly employed. The use of the straight waistcoat, the muff, the restraint chair, and of every kind of strap and chain designed to restrain muscular motion, was discontinued on the 21st of September, 1839, and has never been resumed.

* * * The management of the patients without bodily restraint has been applied to 1008 lunatics, and has been acted upon for more than 12 months; and it has thus far been found practicable to control every variety of case, without any fatal accident, or serious outrage having occurred."—*London Lancet*.

Jaundice.—Mr. Robins, at a meeting of the Westminster Medical Society, inquired if any member had seen cases of congenital jaundice. He had seen many children whose skin was quite yellow for several days after birth. He inquired whether this "jaundice" might be the result of the passage of the child from the womb, as he had come to this opinion from observing that tumblers were subject to jaundice.

A discussion of some length on jaundice, its causes, effect and cure, followed; in the course of which, Dr. Johnson stated that he had, in some very bad cases of jaundice, administered inspissated ox-gall in doses of five grains, gradually increased to ten grains, three times a day, with the best effect. He explained the action of the remedy, on the principle that the ox-bile was the best substitute that could be found for the human secretion.—*Ibid*.

Maine Insane Asylum.—The first annual report has been received, and shall be attentively examined as soon as other papers can be disposed of.

DIED.—At New York, Dr. John W. Ansley, 32.—At Philadelphia, Dr. Jacob Green, one of the faculty of the Jefferson Medical College.—Found dead in the highway, in Waterford, N. Y., Dr. Elijah Porter, 67.

Number of deaths in Boston for the week ending Feb. 6, 25.—Males, 14—females, 11. Stillborn, 1. Of consumption, 4—infantile, 2—cancer, 1—paralysis, 1—bilious fever, 1—lung fever, 1—scarlet fever, 1—tumor, 1—diarrhoea, 1—croup, 2—child-bed, 2—smallpox, 1—typhous fever, 2—sudden, 1—worms, 1—debility, 1—disease of the heart, 1.

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1941. Jan.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. t.	of P.M.	Sun. d.	Sun. t.	of P.M.	Sun. d.			
1 Frid.	17	22	22	29.53	29.43	29.09	N E	Cloudy	Snow storm commenced at half past 2 P.M.
2 Satur.	20	25	23	28.78	28.89	28.92	S W	Fair	Barometer fell to 28.56. 1 ft. of snow on lat.
3 Sun.	10	14	9	28.99	29.07	29.08	N W	Fair	
4 Mon.	-2	14	20	29.45	29.54	29.56	S W	Fair	Thermometer 3 below 0 at 6 A. M.
5 Tues.	-9	20	20	29.38	29.95	29.30	S W	Fair	Thermometer 15 below 0 at 6 A. M.
6 Wed.	24	36	40	29.90	29.80	29.80	S E	Rain	Great storm. Rain .50 inch.
7 Thur.	59	54	54	29.60	29.50	29.44	S	Rain	Rain .60 inch.
8 Frid.	52	51	48	29.39	29.43	29.45	N W	Fair	Thaw—snow gone.
9 Satur.	38	46	44	29.52	29.50	29.50	N	Fair	Thaw continues.
10 Sun.	32	33	32	29.58	29.53	29.51	N E	Cloudy	Evening, rain.
11 Mon.	34	36	34	29.49	29.30	29.34	N E	Rain	Rain fell .28 inch.
12 Tues.	37	36	34	29.21	29.44	29.49	N W	Fair	High wind.
13 Wed.	29	33	28	29.68	29.67	29.59	N E	Snow	Storm at 8 A.M. Snow fell 4 inches.
14 Thur.	16	26	23	29.66	29.72	29.75	N	Fair	Aurora borealis.
15 Frid.	19	28	31	29.73	29.66	29.63	N	Snow	Snow commenced at 2 P.M. 1-3 inch fell.
16 Satur.	20	42	38	29.78	29.76	29.75	N W	Fair	Flying clouds.
17 Sun.	36	52	52	29.47	29.19	29.08	S E	Rain	Great rain. Water fell 1 inch.
18 Mon.	24	19	16	29.49	29.62	29.72	N W	Fair	Great variation of barometer from 17th to 22d. Highest, 30.14.
19 Tues.	6	18	18	30.06	30.12	30.14	N W	Fair	
20 Wed.	16	25	25	30.12	30.05	30.03	N E	Fair	
21 Thur.	22	32	31	29.55	29.29	29.11	N E	Rain	Water fell .31 inch; snow, 2 inches.
22 Frid.	27	32	29	29.11	29.17	29.19	N W	Fair	
23 Satur.	29	27	26	29.22	29.21	29.24	N	Cloudy	
24 Sun.	25	31	33	29.34	29.33	29.37	S	Snow.	Snow fell 2 inches; water, .18 inch.
25 Mon.	28	41	32	29.20	29.19	29.19	S W	Fair	Foggy. Aurora borealis.
26 Tues.	38	42	37	29.50	29.59	29.60	N W	Fair	
27 Wed.	36	42	40	29.37	29.22	29.22	S W	Cloudy	Water fell .34 inch. Beautiful sunset.
28 Thur.	31	40	38	29.40	29.50	29.59	N W	Fair	
29 Frid.	20	32	30	29.71	29.59	29.50	N E	Snow	Storm at 12 M. Snow, 5 in.; water, .41 in.
30 Satur.	24	36	31	29.31	29.24	29.21	S W	Fair	Storm ceased at 3 A. M.
31 Sun.	22	40	36	29.38	29.31	29.33	S W	Fair	

The month has been cloudy, stormy and unpleasant. The thermometer has ranged from 15 below zero to 54 above; the barometer, from 28.56 to 30.14. The temperature of the month has been mild. Snow fell in the month 25 inches; water, 4.74 inches.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK.

The next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	HENRY H. CHILDS, M.D.
Anatomy and Physiology, by	ROBERT WATTS, JR., M.D.
Medical Jurisprudence, by	HON. JACOB COLLAMER, A.M.
Principles and Practice of Surgery, by	LYMAN BARTLETT, M.D.
Chemistry and Natural History, by	ALONZO CLARKE, M.D.
Materia Medica and Pharmacy, by	B. R. PALMER, M.D.

Fees—for the course, \$50. For those who have already attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18.
Woodstock, Vt., Jan. 1st, 1841. Jan. 6.—St. Secretary.

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THE subscribers having been engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 19, 1840.

WALTER CHANNING,
GEORGE W. OTIS, JR.

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